

## The Importance of Using In-Network Providers

With **June 30, 2019** being less than a year away and Open Enrollment quickly nearing, it is important that you begin to think about the best network for you and your family.

- **Highmark Insurance:** In-network care can be received from any Highmark (including Allegheny Health Network) facility or physician, plus *limited access to some UPMC facilities under the Consent Decrees only until **June 30, 2019***
- **UPMC Health Plan Insurance:** In-network care can be received from any UPMC facility or physician

*\*\*Note: Both networks will have access to independent providers and facilities as well.\*\**

If you are enrolled in Highmark come **June 30, 2019** when the Consent Decrees end, and you are still using UPMC providers, you will pay far greater out-of-pocket costs as those providers will then be considered **out-of-network**. This higher expense, which will be deductibles, coinsurance, out-of-pocket maximums and potentially balance billing, will come out of YOUR pocket!

### What Will Out-of-Network Costs Look Like?

*These are average charges for two health care service scenarios. The **examples are only** intended to show the impact between in-network versus out-of-network. Costs could vary greatly depending on service location, area, and provider.*

Example 1: Outpatient Surgery		
Coverage Tier	Individual	
Claim	First claim of the year	
Plan Option	MBS PPO 10 Plan	
In-Network Deductible; Coinsurance	\$0; 0% (plan pays 100%)	
Out-of-Network Deductible; Coinsurance	\$250 (individual) / \$500 (family); 80% after deductible	
Outpatient Charges	\$15,000	
Plan Allowance	\$5,550	
	In-Network	Out-of-Network
Plan Pays	\$5,550	\$4,240
	<i>Plan Pays 100% No deductible and no coinsurance (Paid to the Provider)</i>	<i>\$5,550 - \$250 = \$5,300 X 80% = \$4,240 80% coinsurance <u>after</u> the deductible (Paid to the member who must pay the Provider)</i>
Member Pays	\$0	\$1,310
	<i>No deductible No coinsurance</i>	<i>\$5,550 - \$250 = \$5,300 X 20% = \$1,060 \$250 deductible + \$1,060 coinsurance = \$1,310</i>
Balance Billing	Not Applicable	Potentially \$9,450 \$15,000 - \$5,550 = \$9,450
Member Total Cost	\$0	<b>\$1,310 up to \$10,760</b> <i>depending on the provider's balance billing policy</i>

**Balance Billing:** This occurs when a provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Example 2: Professional Visit		
Coverage Tier	Individual	
Claim	First claim of the year	
Plan Option	MBS PPO 10 Plan	
In-Network Deductible; Coinsurance; Copay	\$0; 0% (plan pays 100%); \$10 Copay	
Out-of-Network Deductible; Coinsurance	\$250 (individual) / \$500 (family); 80% after deductible	
Professional Charges	\$150	
Plan Allowance	\$73	
	In-Network	Out-of-Network
Plan Pays	\$63	\$0
	<i>\$73 - \$10 member copay = \$63 100% after the copay (Paid to the Provider)</i>	<i>\$73 - \$73 member deductible = \$0 \$250 deductible has <u>not</u> been met (Nothing is Paid to the Provider)</i>
Member Pays	\$10	\$73
	<i>\$10 copay (Member must Pay the Provider)</i>	<i>\$250 deductible; \$0 has been met \$73 must be paid by member first (Member must Pay the Provider)</i>
Balance Billing	Not Applicable	Potentially \$77 \$150 - \$73 = \$77
Member Total Cost	\$10	<b>\$73 up to \$150</b> <i>depending on the provider's balance billing policy</i>

## Key Terms To Know

Using in-network physicians, hospitals, and/or other services will save you and your employer large out-of-pocket expenses.

- ✓ **Coinsurance:** The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.
- ✓ **Deductibles:** A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.
- ✓ **Copayment or Copay:** A flat fee that you pay toward the cost of covered medical services.
- ✓ **Out-of-Pocket Maximum:** The highest out-of-pocket amount paid for covered services during a benefit period.

## Helpful Tips on How to Avoid Out-of-Network Costs:

- ✓ Seek care from physicians and facilities in your insurance carrier's network
- ✓ If your physician is out-of-network, begin looking for a new doctor NOW
- ✓ Before you receive a service or attend a doctor's appointment, confirm that it's a network provider

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